
Homicide Among Black Males

Highlights of the symposium sponsored by the Alcohol, Drug Abuse, and Mental Health Administration, Washington, D.C., May 13–14, 1980

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Symposium on Homicidal Violence Among Black Males was held to gather information and focus attention on this problem in black communities. For 1977, the most recent year for which we have detailed statistics by race, homicide is the leading cause of death among black males between the ages of 25 and 44 years. According to data from the National Center for Health Statistics (NCHS), the average life expectancy of males "other than white" (some 87 percent of these are black) age 20 or younger declined by about 1 year from 1960 to 1970. Center data for 1977 show 125.2 homicide deaths per 100,000 among black males aged 25–44, compared with about 14.2 per 100,000 among white males in the same age group.

A comparison puts this high black death rate in perspective. More blacks were killed by other blacks in 1977 than died in the entire 9 years of the Vietnam War. Blacks killed in combat in Vietnam between 1963 and 1972 numbered 5,640, but in 1977, a total of 5,734 blacks were killed by other blacks.

Briefs of 12 major presentations at the symposium appear in the following pages. The participants, primarily black scholars with an interest in the problem, attempted to determine the current knowledge base, reviewed data from NCHS, and discussed research findings concerning the major contributing factors and root causes, including the role of alcohol and drug abuse.

Numerous suggestions and recommendations emerged from the symposium. Some relate directly to ADAMHA's areas of responsibility, while others are wider in scope than the Agency's mandate. ADAMHA has formed a followup work group with representatives from the Health and Human Services' Secretary's Office, Office of the Assistant Secretary for Health, Departments of Labor and Housing and Urban Development, National Institute of Justice, and the Office of Health Promotion and Disease Prevention of the Public Health Service. Work group members, in coordination with the consultants to the symposium, are developing action proposals.

Tearsheet requests to Phillip Sharman, Division of Prevention, Alcohol, Drug Abuse, and Mental Health Administration, Rm. 12C-25, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20857.

Participants in the Symposium

Na'im Akbar, PhD, Department of Psychology, Florida State University, Tallahassee

Phillip J. Bowman, PhD, Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor

James P. Breiling, PhD, Center for Studies of Crime and Delinquency, National Institute of Mental Health, Rockville, Md.

Commissioner Lee P. Brown, PhD, Department of Public Safety, Atlanta, Ga.

Lemuel B. Clark, MD, Division of Mental Health Service Programs, National Institute of Mental Health, Rockville, Md.

Marjorie N. Coleman, Office of Equal Employment Opportunity, National Institute of Mental Health, Rockville, Md.

Lynn A. Curtis, PhD, Urban Initiatives Anti-Crime Program, Department of Housing and Urban Development, Washington, D.C.

Ruth E. Dennis, PhD, Department of Psychiatry, Meharry Medical College, Nashville, Tenn.

Frances Dickman, PhD, Office of Program Development and Analysis, National Institute on Alcohol Abuse and Alcoholism, Rockville, Md.

Denise Dill, Office of Communications and Public Affairs, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Marvin Feuerberg, PhD, National Center for the Prevention and Control of Rape, National Institute of Mental Health, Rockville, Md.

Calvin J. Frederick, PhD, Disaster Assistance and Emergency Mental Health, National Institute of Mental Health, Rockville, Md.

Lawrence E. Gary, PhD, Mental Health Research and Development Center, Institute for Urban Affairs and Research, Howard University, Washington, D.C.

Leslie C. Gray, Jr., Occupational Programs Branch, National Institute on Alcohol Abuse and Alcoholism, Rockville, Md.

Nathan Hare, PhD, San Francisco, Calif.

Carl Harris, Office of the Administrator, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Joseph F. (Yusef) Harris, Nashville, Tenn.

Leo E. Hendricks, PhD, Institute for Urban Affairs and Research, Howard University, Washington, D.C.

Chris Hoban, Division of Research, National Institute on Alcohol Abuse and Alcoholism, Rockville, Md.

Bertha G. Holliday, PhD, Department of Psychology and Human Development, Peabody College of Vanderbilt University, Nashville, Tenn.

Donald C. Iverson, PhD, Office of Health Promotion, Office of the Assistant Secretary for Health, Washington, D.C.

Jacquelyne J. Jackson, PhD, Department of Psychiatry, Duke University Medical Center, Durham, N.C.

Ruth E. G. King, EdD, National Training Institute for Community Economic Development, Washington, D.C.

Gerald L. Klerman, MD, Office of the Administrator, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Malachi Knowles, Office of the Director, National Institute on Alcohol Abuse and Alcoholism, Rockville, Md.

Thomas L. Lalley, Center for Studies of Crime and Delinquency, National Institute of Mental Health, Rockville, Md.

Bogart R. Leashore, PhD, Institute for Urban Affairs and Research, Howard University, Washington, D.C.

Vicki Levin, Office of the Administrator, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Ann C. London, Division of Prevention, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

William Liu, PhD, Division of Manpower and Training, National Institute of Mental Health, Rockville, Md.

Ellie McCoy, Office of Program Planning and Coordination, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Charles McGinley, Special Projects Branch, National Institute on Alcohol Abuse and Alcoholism, Rockville, Md.

Lois F. Mock, National Institute of Justice, Washington, D.C.

Renee Moore, Office of Program Development and Analysis, National Institute on Alcohol Abuse and Alcoholism, Rockville, Md.

Delores L. Parron, PhD, Division of Mental Health and Behavioral Medicine, Institute of Medicine, National Academy of Sciences, Washington, D.C.

James R. Ralph, MD, Center for Minority Group Mental Health Programs, National Institute of Mental Health, Rockville, Md.

Winifred Reed, Office of Research Programs, National Institute of Justice, Washington, D.C.

Dorothy P. Rice, National Center for Health Statistics, Hyattsville, Md.

Louise G. Richards, PhD, Division of Research, National Institute on Drug Abuse, Rockville, Md.

Marc Riedel, PhD, Center for the Study of Crime, Delinquency, and Corrections, Southern Illinois University, Carbondale.

Harry M. Rosenberg, PhD, Division of Vital Statistics, National Center for Health Statistics, Hyattsville, Md.

Rashad Saafir, PhD, Center for Minority Group Mental Health Programs, National Institute of Mental Health, Rockville, Md.

Phil Sharman, Division of Prevention, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Marta Sotomayor, PhD, Office of Public Liaison, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Charles W. Thomas, PhD, Department of Urban and Rural Studies, University of California, San Diego

Peggy E. Triplett, Law Enforcement Assistance Administration, Washington, D.C.

Margaret J. Wilson, PhD, Institute for Urban Affairs and Research, Howard University, Washington, D.C.

Raymond A. Winbush, PhD, Peabody College of Vanderbilt University, Nashville, Tenn.

Sidney C. Wolverton, Division of Prevention, Alcohol, Drug Abuse, and Mental Health Administration, Rockville, Md.

Homicide from the Perspective of NCHS Statistics on Blacks

Dorothy Rice

The National Center for Health Statistics serves as the principal source of national health data, in particular data on deaths including infant mortality, expectation of life at birth, and causes of death. This information is obtained from copies of the original death certificates filed in State vital statistics offices, plus information provided through the Cooperative Health Statistics System. The data are published annually in "Vital Statistics of the United States" and on a sample basis every month in our Monthly Vital Statistics Report.

Our mortality data provide important indicators of major health problems in the United States and of social, economic, and racial inequities in the risk of death as well as in the leading causes of death. The health and social problems of homicide among black males are documented by our vital statistics data. Many racial comparisons in NCHS mortality data are in terms of death rates for the white population and the population of races other than white. Among the latter group, the great majority of deaths (93 percent in 1977) were specifically among the black population. NCHS is now working to greatly expand, during the 1980s, the amount of mortality data available for the black population identified separately in our publications. This information is already on public-use tapes, which are made available annually with the release of our vital statistics data. An additional data resource on racial patterns of mortality is the publication "Health United States 1979," which includes a special chapter entitled "Health Status of Minority Groups."

The health problem of homicide as a major cause of death among young black males can be cast into the broader context of mortality differentials between the white and black populations. These reveal health disadvantages to blacks for many causes of death, from infancy to old age. These differentials are revealed in terms of life expectancy; for example,